Autumn 2020
WORKING GROUP MEETING MINUTES:
COPD

Meeting details		
Meeting location	Teleconference	
Meeting date	Mon 5th Oct	
Meeting time	14:00-15:00 CET	
Chair(s)	Marc Miravitlles	
Attendees	Helgo Magnussen Pei Yee Tiew Sean Loh Matevz Harlander Bernardino Alcazar Paschalis Steiropoulos	Sebastian Karlsson Therese Lapperre Pietro Pirina Dermot Ryan Sarah Lucas
Objectives		
1	Update on current active projects	
2	Update on other project ideas	
3	New project ideas	

Items	
Update on current projects	**Validation of the concept of control in COPD** (CI Marc Miravitlles) 4 publications from this study. If anyone has ideas for further analyses the data available to share, so please contact Marc.
	Real- life WISDOM (PI Helgo Magnussen) Following the initial analysis issues were raised about potential immortal time bias due to the requirement for ICS cessation patients to remain ICS free for 3 months following IPD, where they changed from a fixed triple or fixed ICS/LABA to single LABA or fixed LABA/LAMA. A new dataset has now been analysed where the requirement for 3 months of no ICS has been removed.

	Patients in the ICS cessation group who reinitiated ICS potentially following an exacerbation in the first 3 months are now included. The results show there is no significant difference between the groups in time to first exacerbation but that the rate of exacerbations in the outcome year is significantly increased in the ICS cessation group. The ICS cessation group now contains more high frequency exacerbators, but this is independent of ICS cessation and can be seen in the baseline data. Data suggest that those with no OCS in baseline year and low eosinophils should be able to stop ICS, in line with previous findings. There is a trend in the ICS cessation group towards a lower risk of pneumonia in the outcome year, but this is no longer significant in the new dataset. There are a greater number of patients reinitiating ICS compared to the previous data, with around 12% of patients reinitiating within 2 weeks. These are likely not real discontinuations. The curve for ICS reinitiation does not follow the curve for exacerbations and so it appears that patients are reinitiating ICS for factors other than exacerbations. New manuscript to be circulated to the authors shortly.
	Peak Inspiratory Flow in COPD (CI Omar Usmani) Update on progress - Currently have 12 centres. Sinthia is talking with some potential Australian sites. Richard Costello may be able to join in the new yr. - Ethics approval now at 4 centres. Centres will start patient recruitment as and when they are ready, hopefully a couple will soon be ready, others unlikely to be able to start until the new year. Still need more sites, up to 30. Marc may be able to find a few more Spanish centres. We would ideally like to have a UK centre too. Paschalis may be interested; Sarah has sent him the protocol. If anyone in this group has any suggestions of other sites that may be interested, please let Sarah know. We should consider collaborating with the IPCRG to help expand our network and try to bring in new people through participation in the PIF in COPD study. Sarah/Marc to speak with Miguel to see if we can find anymore primary care centres who would like to participate in the PIF study.

Future projects	**Epidemiology and characterisation of the natural history of alpha1-antitrypsin deficiency (AATD) in the UK** (PI Joan Soriano) We revised the proposal for this project. CSL Behring product is licenced but not readily available in the UK, they have reviewed the proposal and are not interested in funding. Grifols product is not licenced in the UK. Therefore, project is now on hold. **Impact of COVID-19 on COPD services and disease management** Survey of COPD clinics to determine how the COVID-19 pandemic has affected COPD patients and services, including: 1) COPD treatment and disease management. 2) COPD clinic services. 3) COPD control, including symptoms and exacerbations. 4) Symptoms and outcomes of COVID-19 infections within COPD patients. Mylan -interested in this to determine the effect of COVID-19 on nebulizer use. Now not funding as wanted study to be US focused, so project is on hold.
New projects	**Prevention of severe exacerbations** proposed by Bernardino. Risk scale for COPD patients in primary care who have never been hospitalised for their COPD, to try and prevent severe exacerbations. Aim to determine risk factors for first hospitalisation, then at diagnosis a risk scale could be used to determine those who may be more at risk of severe exacerbations leading to poor outcomes several years down the line. This would allow more intense targeted interventions for those at risk. Would need to consider doing it in one database and then validating it in another, as hospitalisation criteria will vary between countries. Bernardino to write 1 page summarising the idea and send to Marc/Sarah. **Use of low dose macrolides in COPD** proposed by Therese. Still lots of answered questions around- dose, how long to treat, use in smokers vs non-smokers, presence of inflammatory markers. Perhaps could also look at inhaled antibiotics, Spanish study using a questionnaire found around 700 patients using them in Spain. Could look in a database at macrolide use. Are they being used long-term to prevent exacerbations, and in which patients are they being used?

	Probably differences between countries to consider, so could also consider a survey of pulmonologists to see how many patients they have on low dose macrolide (and inhaled antibiotics). Look at outcomes including exacerbations, side effects, how long patients are taking them. RCTs are only for a year so lack of information beyond that. Therese to write 1 page summarising the idea and send to Marc/Sarah.